

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079575

Entity Name: MEDICAL CARE SOLUTIONS, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

8966 SW 87TH COURT SUITE 9
MIAMI, FL 33176

New Principal Place of Business:

7325 SW. 63 AVE.
201
MIAMI, FL 33143

Current Mailing Address:

8966 SW 87TH COURT SUITE 9
MIAMI, FL 33176

New Mailing Address:

7325 SW 63 AVE.
201
MIAMI, FL 33143

FEI Number: 56-2473285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GALLARDO, LIBERTAD
Address: 8966 SW 87TH COURT SUITE 9
City-St-Zip: MIAMI, FL 33176

Title: VSD () Delete
Name: GALLARDO, RAFAEL
Address: 8966 SW 87TH COURT SUITE 9
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL GALLARDO

VP

04/17/2006

Electronic Signature of Signing Officer or Director

Date